



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
School Bus Transportation**

State ☐  
District ☐  
County ☐

**DUE  
DATES:**

**First Semester**  
**February 1 to County Superintendent**  
**February 15 to State Superintendent**

**Second Semester**  
**May 10 to County Superintendent**  
**May 24 to State Superintendent**

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
<b>06 Carter</b>		<b>0087 Ekalaka Elem</b>					<b>Elementary</b>	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
67	15	1 Chalk Buttes	144	1.15	54	None	_____	_____
40	15	1 MILL Iron	100	1.15	54	12/13/04	_____	_____
100	15	2 HWY 7	128	1.15	54	12/13/04	_____	_____
55	15	2 Ridgway	160	1.15	54	None	_____	_____
73	15	3 Beaver Flats	60	0.95	16	None	_____	_____



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Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
<b>06 Carter</b>		<b>0097 Carter County H S</b>					<b>High School</b>	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
33	CO	1 Chalk Buttes	144	1.15	54	None	_____	_____
60	CO	1 MILL Iron	100	1.15	54	12/13/04	_____	_____
45	CO	2 Ridgway	160	1.15	54	None	_____	_____
27	CO	3 Beaver Flats	60	0.95	16	None	_____	_____